

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

Characteris Characteristics (Characteristics)	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 4-1-	1-2013 Ending Date: 10-22-2013
Type of Report: (Check one)	
8th day preceding preliminary 2 8th day preceding election	30 day after election year-end report dissolution
Candidate Full Name (if applicable)	Committee to Kled Givin lovinse Sciarva Committee Name
City Council Ward 4 Office Sought and District	Steven Sarter Name of Committee Treasurer
145 State ST. Northanton MA 01060 Residential Address	65 South ST. #6 Nonthanston MA 0106 Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional): 4/3-675-0869
SUMMARY BALANCE	CE INFORMATION:
Line 1: Ending Balance from previous report	0
(Line 2: Total receipts this period (page 3, line 11)	1905.00
Line 3: Subtotal (line 1 plus line 2)	1905
Line 4: Total expenditures this period (page 5, line	ne 14) 876.20
Line 5: Ending Balance (line 3 minus line 4)	1028.80
Line 6: Total in-kind contributions this period (page	page 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: Florence Savi	ring, Bank paypal
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	d contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	oox only)
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the	he best of my knowledge and belief, a true and complete statement of all campaign finance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing seg I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	he best of my knowledge and belief, a true and complete statement of all campaign tts, in-kind contributions and liabilities for this reporting period and represents the
and the same of th	Candidate's signature) Date: 10/24/20/3

12013

Date: 10/24

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to

report all receipts. Please include your committee name and a page number on each page.)

rrort all receipts. P	lease include your committee name and a pa	ige number on ea	
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4-29-2013	Jesse Adams 187 Main st. Apr. 4 Northanptonm	\$1.00.00	
6-13-2013	patricia Arbour 129 Nonotrah ST. Florence, Ma 01062	\$100.00	
6-4-2013	Lisa Baskin 395 Audubon Rd. Jeeds MA	\$150.00	
6-13-2013	Alexandra Bryant Russell 14 Elizabeth St. Northampton, MA 01060	\$50.00	
6-13-2013	Savah Butten Weiser 46 Franklin ST. Northampton, Ma 01060	£ 725.00	
6-13-2013	Maureen Carney 13 church St. Northampton, MA 0/060	\$50. m	,
6-13-2013	Matthew Cassel 1807 #North Gramercy Place #3 105 Angeles, CA 90028	\$50.00	
4-29-2013	Bill childs 4404 Avenue D Austin, TX 78751	5/00.00	
5-31-2013	Erin c. Dougher 1650 Kearney St. Denver, Co 80220	\$/75.00	
6-13-2013	Louis Franco 50 union st. #24 Monthampton, MA 01060	*50.00	
6-14-2013	Adele Franks 123 Black Birch trail Florence, My 01062	\$ 50.00	
6-13-203	owen Freeman Daniels 53 A Woodmont ave Northampton, MA 01060	25.00	
Line 9: Total Rece	ipts over \$50 (or listed above)		
e 10: Total Rece	pipts \$50 and under* (not listed above)		
Line 11: TOTAL RECEIPTS IN THE PERIOD ← Enter on page 1, line 2			
* If you have itemized	I receipts of \$50 and under, include them in lin	e 9. Line 10 shou	ld include only those receipts not itemized above.

committee to Elect Gina-louise Sciarra

SCHEDULE A: RECEIPTS (continued)

	SCHEDULE A. N	_ =====================================	,
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
1-9-2013	John Hornor 46 Lady SlipperLane Florence, MA	7,50.00	
6-13-2013	Alisa Klein 18 Cheltnut Aue Leeds, MA 01053	\$50.00	
6-13-203	Michael Kuseh 26 Center #6 Northampton MA 0/060	\$25.00	
6-13-2013	John Lachapelle 71 stole ST, \$124 Northanpton, MA 01060	\$30.10	
6-4-2013	Alida Lewis 39 Myrtle St. Northampton, MA 0/060	\$100.00	
6-14-2013	David Narhewicz 31 park terrace Northampton, MA 01060	¥50.00	
615-2013	Wendy Newton 211 North St. #5 Northampton, MA 01060	50, D	
6-13-203	Ryan O'Donnell 36 Day ave Northamoton, 4A 01060	\$50.00	
6-13-2013	Philip Obonoghue 73 North Main Florence, MA 01062	\$ 50.00	
6-13-2013	Mary of bading 272 Andrich 87. Relchertown MA 01007	\$ 100.00	
6-11-203	LTZ Roberts Su poplar ST #4 Brooklyn, NY 11701	\$50.00	
4-17-2013	Steven Sauter 65 South ST. #6 Nathampton, MA	\$200.00 25.00	Retired
6.13-2013	Pamela Schwartz 22 Columbus Ave Northapton, MA 01060	\$450.00	
Line 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL F	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
* If you have itemized	receipts of \$50 and under, include them in line	e 9. Line 10 shoul	d include only those receipts not itemized above.

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

Committee TO Elect Gina-louise Sciarra

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to ort all receipts. Please include your committee name and a page number on each page.)

(ort all receipts. P	lease include your committee name and a pa	ige number on ea	ach page.)
	Name and Residential Address	A	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
6-13-2013	Elizabeth Silver 67 Willow ST.	\$25.00	
	Florence, MA 01062	25,00	
	DAIR CTOIN		
6-13-2013	1 , 62 State St.	\$50.00	
6.17	DAVE stern ,52 state st. Northapton, MA	'30'	
	Caral Cial & Viola		
C 12 2-12	218 South St.	\$25.00	
6-13-2013	Sarah Swersey 218 South St. 1 Nontheapton, MH 01060	(3,00	
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]	
			Personal Control Contr
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		1	
and the state of t			
<u> </u>			
Line 9: Total Rece	ipts over \$50 (or listed above)		
நாe 10: Total Rece	cipts \$50 and under* (not listed above)		
Line 11: TOTAL 1	RECEIPTS IN THE PERIOD	1905 V	← Enter on page 1, line 2
* If you have itemized	d receipts of \$50 and under, include them in line		ld include only those receipts not itemized above.

If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

Committee to Elect Gina-louise Science Pag3

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SCHEDULE B: EXPENDITURES (continued)

		LE D. EAI EIDII ORES (C		·	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
1/0-2013	Collective Copies	71 South Pleasant Amherst, M 01002	Printing	116.11	
9-16-2013	On the Button	59 Nonotuch ST. Florence, Ma 01062	printing	385,92	
7-16-2013	Gina-louise Science	145 State ST. Northampton, Milorola	Reimburge for Eurol	233.73	
6-13-2013	Signature Sounds	32 Masoric St. Novethanista, Ma	Parlar Ruom Rental	100.00	
			And the second s		
				A COMPANY OF THE PROPERTY OF T	
		West of the second seco			
		Line 12: Expenditures over \$50	(or listed above)	835.75	
(Line 13: Expenditures \$50 and u	under* (not listed above)	40.45	
	Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD 876.20				
* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized					

above. Committee To Elect Give-louise Sciarra

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

vate Received	From Whom Received*	Residential Address	Description of Contribution	Value
				The same of the sa
			Toward Market And And All And	
		Control of the Contro		
			MANAGE AND ACTION OF THE PROPERTY OF THE PROPE	
	·			
A A A A A A A A A A A A A A A A A A A				
		Line 15: In-Kind Contributions	s over \$50 (or listed above)	Market and the state of the sta
(Line 16: In-Kind Contributions \$50 & under (not listed above)			Bestive Automotive
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			0	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

'e Incurred	To Whom Due	Address	Purpose	Amount
				F3-C-CHIMINGHI CHIMINGHI C
		A.A.D.		
				-

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				715-111000000000000000000000000000000000
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Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

the reimoursemen	nt torm.			•		
	Date of Reimbursement: 7-16-2013					
Name of Individ	ual Being Reimbursed:	Bira-louise Sciarra	Children Children and Children			
Committee Name	e: Ca	munithee to felect Giha-	louise Sciarre			
CPF ID Number	CPF ID Number (if applicable): Telephone Number (optional): 413-695-0869					
	1	TEMIZE EXPENDITURES IN EXCESS	OF \$50			
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount		
2-16-2013	Gina-louise Sciarra	145 State ST. Northurpton, MA	Food for Companya Kich . Mys	233,73		
(Include items listed on Page 2) Line 1: Expenditures in excess of \$50 (itemized above): 233.73						
Line 2: Expenditures \$50 or under (not itemized):						
Line 3: TOTAL AMOUNT REIMBURSED: 257.06						
ned under th	e penalties of perjury: Signature of	eren San Ference	Date: oc	t .22 2a3		

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
:		The second secon	Backles and the second	
	TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER			
		Page 2 Total (add to Line 1 as P	1).	
		Page 2 Total (add to Line 1 on Page	÷ 1 j:	